Supplement 5: Descriptives regarding videoconferencing use

For a detailed description of the six types of VC collaboration see Table 1.

For the convenience of the reader the legend of the table is provided above and below this table.

Legend

Abbreviations: CNS = Central Nervous System; ds = days; chemo = chemotherapy; ChemoRT = Chemoradiotherapy; CT = Computer Tomography; FtF = face-to-face, physically; GBI = Group Behaviour Inventory; GI = Gastro-Intestinal; GP = General Practitioner; HPB = Hepatobiliary; h = hour; ISDN = Internet Service Digital Network; MD = Medical Doctor; MDTM = Multidisciplinary Team Meeting; min. = minutes; PET = Positron Emission Tomography; POS = Palliative care Outcome Scale; QoL = Quality of Life; RCT = Randomized Controlled Trial; RT = Radiotherapy; SV = Survey; VC = Videoconferenced-MDTM.

Patient: information related to patients; HP: information related to healthcare professionals; Survey: information related to surveys; Interv.: information related to interviews.

We recorded VC for diverse wording in the studies: tumour board by VC or multidisciplinary team by VC or collaborative care team by VC or International Tumour Board by VC; Multidisciplinary Cancer Conferences by VC.

We used the term cases when a patient's case was presented or discussed in a VC or FtF meeting; one patient might be discussed multiple times in successive MDTMs.

Explanation of coding of frequency: Freq. = frequency of MDTM; W = Weekly, 2W or 3W = twice or trice per week, M = Monthly, 2M is twice per month, D = Daily, Bw = Bi-weekly.

Explanation of coding of treatment: At = Adult treatment, Pc = Palliative care, Pt = Paediatric treatment.

Additional information: * study period from main text, ** referred paper with details on study, *** corresponding author; ▼ = exchange rate 1999: for 1 USD you get 0.94 Euro; ▲ = exchange rate 2012: for 1 USD you get 0.78 Euro; ◄ = exchange rate 2002: for 1 British Pound you get 1.6 Euro; ► exchange rate 1999: for 1 SEK you get 0.116 Euro.

If authors had not clearly stated the aim of the study, the research method or the data sources, the text in *italics* is the interpretation of the authors of this review.

For the description of the aim of the study we used the word *'describe'* if the paper described, reported or showed the result; we used the word *'evaluate'* if the study evaluated, analysed or assessed outcomes. We used '*review of case records*' if the paper did not clearly state research method and the data source. If we could not retrieve the information in the results, we recorded '*Not reported*'.

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
1. Expert MDTM-National								
Axford et al. (2002)	United Kingdom (UK)	*Describe VC*	Review of audit form on cost, attendance and technical features	Patient: mean 4.8 cases in 42 VCs HP: mean 15 staff of which 8 participants in 42 VCs	W	Breast, lung, colorectal, esophageal, gastric	At	Nov 2000 to Oct 2001
Billingsley et al. (2002)	USA	Describe VC	Review of case records	Patient: 85 cases; 38% referred to cancer centre; improved access to multidisciplinary care HP: improved referral coordination	Bw	Head-and-neck, lung, colon, leukaemia, other	At, Pc	2000-2001

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Bumm et al. (2002)	Germany	Describe VC	*Review of databases*	Patient: 3298 cases (2438 patients); 1 case in 5 min. HP: duration VC 30-35 min.	D	Esophagus, stomach, pancreas, colon, liver, rectum	At	Oct 1999 to Feb 2002
Delling et al. (2002)	Germany	Describe VC	*Review of databases*	Patient: 121 cases; 27 cases had frozen section pathology of which in 24 the concept diagnosis was correct HP: improved safety of diagnostic process; training for less experienced colleagues	W	Bone	At	Aug 2001 to May 2002*
Niemeyer et al. (2003)	Germany	*Describe VC*	*Review of databases*	Patient: 190 cases; 51 cases had frozen section pathology: 39 diagnostic and 12 during surgery, in which 11 showed tumour free surfaces HP: duration VC 45 min.	W	Bone	At	Aug 2001 to Feb 2003*
Bauman et al. (2005)	Canada	Feasibility of VC for regional participation	Survey among participants	Patient: mean 5 cases in 6 VCs HP: 1 case in 20 min.; in 60% of cases recommendations for change were made; clinical research associates attended VC to recruit for clinical trials (40% eligible) Survey: 17 of 21 SVs returned	M	Prostate, bladder, renal, testicular	At	Jan 2003 to June 2003
Norum et al. (2006)	Norway	Feasibility of VC and e-mail	*Review of case records*	Patient: 5 cases HP: 78% educational VC, costs were lower at > 12 VCs per y; 84% of 32 planned VCs succeeded	W	Breast, colorectal	Pc	Nov 2002 to Nov 2003
Dickson-Witmer et al. (2008)	USA	*Describe VC*	*Review of case records*	Patient: PET-scan 14-21 ds reduced to 7 d, CT 7 ds to 1 ds HP: 6-8 cases discussed with 40 HPs in 1 h; compliance to treatment standards was in 2004 92% and in 2006 to 95% for recommendations given; clinical trial accrual increased from 9.9% in 2001 to 20% in 2006	W	CNS, breast, chest, gynaecological, genitourinary, lymphoma	At	2006

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Salami et al. (2015)	USA	Evaluate VC	Review of databases	Patient: 116 cases, of which 41% in VC; in VC more were ≥ 65 years (29%), had higher degree of comorbidity (79%) and had portal hypertension (49%) compared to cases in FtF (15%, 44%, and 28%) HP: waiting time to diagnosis VC (median 26 d) vs FtF (median 63 d); in VC multidisciplinary (92%) and guideline driven evaluations (100%) vs FtF (65% and 75%)	W	HPB	At	2009 to 2013
Thillai et al. (2016)	UK	Evaluate VC for early referral	Review of databases	Patient: 159 cases; 42% referred at initial diagnosis HP: in 22 of 53 not referred cases, imaging was not available for evaluation	2W	Colorectal with liver metastases	At	2012, 6 months
Wilson et al. (2016)	Australia	Feasibility VC	Review of case records	Patient: mean 8.7 cases in 18 VCs (2010) vs mean 8.0 cases in 25 VCs (2011) HP: 28% increase in cases in 2011 due to improved administrative support; waiting time to case discussion in MDTM from referral (standard 14 d) mean 28% to 42%	Bw	Upper GI	At, Pc	Jan 2010 to Dec 2011
Powell et al. (2018)	USA	Feasibility VC for molecular profiling	Prospective cohort Molecular Profiles Tumour response and patient survival	Patient: 109 of 120 cases profiled; 16% of patients declined recommended treatment and preferred palliative care in a hospice, because they were too ill; tumour response and survival (n=16) in genome clinical trials were similar to that (n=16) receiving Food and Drug Administration off-label treatment HP: 58% of patients heard recommendations on their treatment plan from their treating physician in the community setting	2W	Advanced solid tumours	At	June 2014 to Dec 2015

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Rosell et al. (2019)	Sweden	Evaluate VC	Survey among participants Observation of behaviour	Patient: - HP: meeting observational tool assesses functionality and participants' contribution to the case discussion: high scores for case histories, leadership, and teamwork; lower scores for patient-centred care and involvement of care professionals for national VC MDTM Survey: 125 of 241 SVs returned of which 87% MDs (56% surgery, 26% medical oncology, paediatric oncology 10%, radiology 6% and pathology 2%), 11% nurse, medical secretaries 2%	W	Esophageal, HPB, anal, vulvar, penile, childhood cancer	At, Pt	May 2017 to May 2018
Brandl et al. 2020	UK – Ireland	Evaluate VC	Data base review Follow-up for survival information	Patient: mean 4.6 new cases in 34 VCs; 35 patients were discussed more than once; 19 of 22 had complete cytoreduction of cancer cells after surgery HP: effective selection for specialised, expensive treatment (87% diagnosis confirmed)	M	Peritoneal mesothelioma (GI)	At	Mar 2016 to Dec 2018
Fitzgerald et al. (2020)	Australia - New Zealand	Feasibility VC for review of stereotactic chart use	Review of case records	Patient: 285 cases of which 237 were new HP: 1126 attendances in 12 months from 114 participants of 21 locations including 27 radiotherapists from 13 locations; mean 1.2 recommendations per patient; inverse relationship between VC case load and recommendations ($p < 0.002$)	W	CNS, lung, liver, bone, spine	At	July 2018 to July 2019
Pan et al. (2020)	USA	Feasibility VC	Review of case records Survey among referring physicians	Patient: 1585 cases: 60 in 2013 increased to 364 in 2019 HP: implementation of recommendations increased from 18% in 2016 to 48% in 2019 as indicated by respondents; 50% of cases had pathology assessment in 2016, upon extra hire it increased to 95% in 2019 Survey: 6 months (2013): 6 SVs returned; 3 y (2015): 32 SVs returned; 6 y (2019): 54 SVs returned	M - Bw - W	Sarcoma	At	2013 to 2019

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Rosell et al. (2020)	Sweden	Evaluate VC	Survey among participants	Patient: - HP: national level and regional level MDTM is valuable in sharing knowledge for treatment of specialty tumours and complex cases Survey: 125 of 241 SVs returned of which 87% MDs (53% surgery, 26% medical oncology, radiology 6%, pathology 2% and 'none of the name' 14%), 11% nurse	W	Esophageal, HPB, anal, vulvar, penile, childhood cancer	At, Pt	May 2017 to May 2018
2. Expert MDTM-International								
Bharadwaj et al. (2007)	USA – India	Evaluate VC	*Review of case records*	Patient: 26 cases; 50% had severe pain; 10% was hospitalized; mean care 40 d HP: duration VC 60 – 90 min.; 81 e-mails for follow-up, treatment strategies, doubts and clarifications; 4 text messages for urgent consultation; 11 cases presented in 'Subjective-Objective-Assessment-Plan'-format	3W	77% cancer, *not specified*	Pc	2006***, 2 months
Qaddoumi et al. (2007)	Jordan – Canada	Feasibility of VC	*Review of case records*	Patient: mean 3.6 cases in 20 VC; in 23 cases recommendations on treatment plans were significant changes, which were followed in 21; increased survival HP: max. 6 cases per VC; optimal duration of collaboration is unclear	M	CNS	Pt	Dec 2004 to Apr 2006
Qaddoumi et al. (2008)	Jordan – Canada	Evaluate VC	*Review of case records*	Patient: mean 3.9 cases in 26 VC HP: review of radiation fields in interactive discussion through VC led to better surgery and RT practice	M	CNS	Pt	Dec 2002 to Dec 2006
Amayiri et al. (2018)	Jordan – Canada	Evaluate VC sustainability	Review meeting minutes	Patient: mean 3.6 cases in 20 VCs, 2004-2006; mean 4.9 cases in 33 VCs, 2007-2009; mean 3.8 cases in 32 VCs, 2011-2014; 16 suggestions for molecular testing, 2011-2014 were followed in 6 cases HP: recommendations given in 44% to 30% to 24% of cases; costs VC from 280 to 30 Euro ▲/ h	M	CNS	Pt	Dec 2004 to Apr 2006 vs Jan 2007 to Dec 2009 vs Aug 2011 to Apr 2014

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Mayadevi et al. (2018)	India – USA	Feasibility of VC for dysphagia	Review of case records	Patient: mean 1.4 cases in 18 VCs; Functional Oral Intake Scale improved from 1.46 ± 0.989 to 3.92 ± 1.809 ($p < 0.0001$) HP: recommendations were followed in 22 of 26 patients, neuromuscular electrical stimulation was too costly or logistically impossible	M	Head-and-neck	At	18 months
3. Expert Consultation								
Sezeur et al. (2001)	France	Evaluate VC for transfer of patients	Review of case records Survey among patients	Patient: mean 3.2 cases in 27 VCs; 48 case discussions and 39 second opinions; in 2 of 48 cases treatment plans were changed; patients remembered 80.5% of information given after 24 h HP: saved € 77.85 per patient on transport by ambulance; low speed of connection gave less diagnostic image quality Survey: 16 of 16 SVs returned on VC; 12 of 16 SVs returned on memorization	2W	Gastric	At	Nov 1996 to Mar 1998**
Stalfors et al. (2005)	Sweden	Evaluate costs of FtF vs VC	Health economic analysis Survey among patients	Patient: 50 cases FtF, 68 cases VC HP: cost VC € 236▶ vs FtF € 263; MDs accompanied patients in 100% of VC-sessions vs 15% of FtF Survey: 39 of 50 FtF vs 45 of 68 VC patient SVs returned	W	Head-and-neck	At	Sept 1998 to Sept 1999
Chekerov et al. (2008)	Germany	Feasibility of VC	Review of case records Survey among participants	Patient: mean 4 cases (range 2-7) in 39 VCs; 144 cases and 121 second opinions HP: mean 17 participants in 39 VCs, who attended median 6 VCs; 98% recommendations were accepted Survey: 43 of 75 SVs returned first; 51 of 75 SVs returned	Bw	Gynaecological	At	Dec 2004 to Aug 2006
Schroeder et al. (2011)	Germany	Evaluate VC	Survey among participants	Patient: mean 3.5 cases (range 1-7) in 131 VCs; 398 second opinions; no hospital visit for second opinion HP: median 14 participants in 131 VCs; 50% VC-participants asked more second opinions Survey: 205 of 275 SVs returned	Bw	Breast, gynaecological	At	Dec 2004 to June 2009

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Seeber et al. (2013)	Italy – Austria	Feasibility of VC	*Review of case records (historical vs VC)*	Patient: 93 historical, 110 VC; mean 1 case in 104 VCs HP: 8 minor and 20 major treatment plan changes (25%); access to cancer-centre-specific treatment modalities 63 RT treatments in VC vs 34 historical	Bw	Lung	At	May 2003 to Aug 2007 Aug 2007 to May 2011
Stevenson et al. (2013)	USA	*Describe VC*	Review of case records Survey among participants	Patient: mean 1.7 cases in 10 VCs (2011), 22 cases in 13 VCs (2012) HP: mean 10 participants per VC; 1 case in 30 min.; reduction overall costs of MDTM by VC in rural community Survey: 10 of 20 SVs returned	Bw	Lung	At	2009-2013
Crispen et al. (2014)	Bahamas, Trinidad and Tobago	Evaluate VC for peer review in radiotherapy	Review of case records Survey among participants	Patient: 40 cases, 10 from each tumour type HP: Radiotherapists were satisfied with audio-visual aspects of VC; RT standard has no security or confidentiality guide for VC Survey: 10 of 10 SVs returned	W	Head-and-neck, breast, cervical, prostate	At	July to Nov 2013
Shea et al. (2014)	USA	Feasibility of VC	Survey among participants Interviews among participating specialists Observations of VC	Patient: 15 cases from 6 counties; HP: 14 VCs observed; VC is an opportunity for clinical trial recruitment; valuable discussion of complex cases Survey: 32 of 32 SVs returned Interv.: 28, 16 centre vs 12 community-based	Bw	All	At	Aug 2011 to March 2012
Frappaz et al. (2016)	France	Describe VC national expert consultation	*Review of case records*	Patient: mean 3.7 cases in 46 VCs; 48% primary tumours HP: VC is an opportunity for clinical trial recruitment; valuable discussion of complex cases	W	CNS	Pt	2015

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Burkard et al. (2017)	USA	Evaluate VC Precision Medicine Molecular Tumour Board	Review of databases	Patient: mean 3.2 case in 23 VCs; 48 cases in registry of which 38 had recommendations and clinical follow-up HP: max. 6 cases in 1 h; mean time referral to presentation 13.5 d; access to clinical trials which aim to find new biomarkers (18 genes); 1 of 14 patients enrolled in clinical trials in the state due to advanced illness, no outside-state trial enrolment	Bw	Breast, gastric, lung	At	Sept 2015 to Sept 2016
Abu Arja et al. (2018)	USA, Latin American countries	Evaluate Latin American VC	Survey among participants	Patient: - HP: 1 h sufficient to discuss requested cases from 20 countries; 39% attendees said sending pathology slides to USA was easy and helpful Survey: 95 of 159 SVs returned (66 frequent attendance, 23 not-frequent, 11 never attended)	W	CNS	Pt	Dec 2017 to Mar 2018***
4. Consultation Specialist - Nurse								
Saysell et al. (2003)	UK	Evaluate VC	Survey among participants Focus groups	Patient: mean 0.9 cases in 29 VCs; 96% cancer HP: mean 5 attendees in 29 VCs; 12 additional monthly educational VCs; 19 symptom control issues discussed Survey: 25 of 26 SVs returned	W	Breast, lung, bladder, prostate, gastric, ovarian	Pc	Oct 2001 to Oct 2005
O'Mahony et al. (2009)	USA	Evaluate VC for Bioethics and QoL	Pre- and post-education test for staff Survey among patients and staff with Palliative Care Outcome Scale (POS)	Patient: enhanced end-of-life care through better knowledge of nursing staff HP: mean 5.5 staff with 1 family member in 13 VCs vs mean 5.8 staff with 0.9 family member in 14 FtFs; up-to 90 min. preparations time in an off-unit conference room; 1 VC rescheduled due to internet problems Survey: 75 POS SVs returned: 33 staff, 23 family caregivers, 19 patients	2M	*Not specified*	Pc	Mar 2008 to Jan 2009

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Donnem et al. (2012)	Norway	Feasibility of VC	Review of case records Survey among participants	Patient: mean 1.6 cases in 106 VCs; 75% palliative; 82% stayed in community for symptom management (pain management and nutrition) after VC introduction vs 70% before VC HP: median 7 participants in 106 VCs; waiting time for consultation with oncologist at centre reduced with 8 ds to max. 7 ds Survey: 141 of 167 SVs returned	W	Breast, colorectal	At, Pc	Mar 2009 to Sept 2010
Watanabe et al. (2012)	Canada	Feasibility of VC for palliative RT consultation	Prospective case series Survey among participants and patients	Patient: 44 new cases from 29 communities with 28 follow-up visits; 7.96 h saved time, € 149.93▲ saved expense per visit HP: 1 new case in 90 min. and 1 follow-up visit in 30 min. in 1 VC; 1 visit completed by telephone due to technical difficulties Survey: 19 of 44 GP SVs returned; 44 of 44 patient SVs returned	W	All	Pc	Jan 2008 tot Mar 2011
5. MDT-Equal								
Delaney et al. (2004)	Australia	Evaluate FtF vs VC	Anthropological analysis of interpersonal interactions Pre- and post-survey among participants	Patient: median 4 cases per VC vs 6 FtF; HP: median 10 participants VC vs 8 FtF; more formal behaviour (less joking) Survey: pre 16 of 27 vs post 16 of 26 SVs returned	W	Breast	At	Feb to July 2000
Savage et al. (2007)	UK	Evaluate VC	*Review of case records* Survey among participants	Patient: 48 new cases with 182 issues; 29 complex cases HP: timing and frequency of VCs was appropriate (92% and 96%) Survey: 50 of 85 SVs returned	M	Head-and-neck	At	Nov 2003 to June 2006

Authors (publication year)	Country	Aim	Method with data source	Outcomes regarding videoconferencing use	Freq.	Tumour type	Treat-ment type	Evaluation period
Marshall et al. (2014)	United States of America (USA)	Feasibility of VC	Review of case records Survey among participants	Patient: access to cancer centre stayed 7.5 d HP: partner brought 14 of 90 cases by VC; 1 case in 13.1 min. VC vs 8.4 min. FtF (p = .004); 12 of 16 MDTMs used VC during part FtF MDTM Survey: 36 of 36 SVs returned	W	Breast, esophageal, gastric, HPB, colorectal, melanoma, sarcoma	At	4 months
Alexanders-son et al. (2018)	Sweden	Evaluate VC costs	Observation of VC Survey among participants	Patient: mean 12.7 cases per VC and FtF-session HP: mean duration VC 68 min. vs FtF 46 min.; 14 of 50 MDTMs used VC during part of FtF MDTM Survey: 104 of 105 SVs returned	W	All but hematologic cancers	At	Feb to July 2016
Van Huizen et al. (2019)	Netherlands	Evaluate VC	Review of case records Observation of VC Interviews among participants	Patient: mean 18.6 cases per VC; 336 cases in 18 VCs got 8 recommendations (2%), that were major or minor changes aimed at optimization of treatment outcome HP: complex cases were discussed more than once; during 61% of VCs all key specialists were present Interv.: 6 specialists, 3 at each site	W	Head-and-neck	At	Sept 2016 to Feb 2017
6. MDTM-Collaborate								
Hunter et al. (1999)	USA, Pacific	Describe web-based VC	Survey among participants Assessment of technical features	Patient: 103 cases; 16 evacuations to cancer centre prevented HP: > 84% cases discussed were major contribution to VC session; audio and image quality: 79% and 100% > good; pathology and radiology imaging: 89% and 75% > good; costs centre vs remote partner € 304▼ vs € 511 Survey:38 of 38 SVs returned	W	All	At	Oct 1996 to Dec 1998
	USA, North Carolina	Describe ISDN VC	Survey among participants Assessment of technical features	Patient: 304 cases HP: > 95% case discussions were major contribution to VC session; audio and image quality: 100% good, pathology and radiology imaging: 95 and 95% > good; costs centre vs remote partners € 250▼ vs € 335 Survey: 22 of 25 SVs returned	W	Breast	At	Feb 1998 to Jan 1999

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Olver et al. (2000)	Australia	Evaluate VC	*Review of case records* Survey among participants and patients	Patient: median 30 cases per y HP: 10 of 17 MDs using VC changed their way of working practice Survey: 20 of 20 participant SVs returned (including 3 nurses); 8 patient SVs returned	W	Breast	At, Pc	1999***, 3 months
Davison et al. (2004)	UK	*Describe VC*	*Review of case records*	Patients: 62% (15) cancer cases in 28 VCs; reduced length of stay with 0.67 d HP: range 1-7 cases in 1 VC; surgery access time reduced from 69 ± 38 to 54 ± 26 d; achieved standard treatment within 56 d; increased resection rate from 14.7 to 19.0 per y	W	Lung	At	Nov 2000 to Oct 2001
Kunkler et al. (2006)	UK	Evaluate FtF vs VC	Survey among participants before and in week 28 of the RCT	Patient: - HP: GBI showed positive scores for both FtF and VC, e.g. on decision making and efficiency; minor difference for FtF e.g. less physical resources Survey: 33 of 44 FtF returned (pre VC); 24 of 32 VC (post VC); 11 pre- / post VC returned of same participant	W	Breast	At	Mar 2004 to Apr 2005
Kunkler et al. (2007)	UK	Evaluate FtF vs VC	Participant satisfaction on case discussions Economic evaluation	Patient: median 7 cases in FtF vs 5 in VC; 195 cases in FtF vs 278 VC HP: 28 FtF- and 48 VC-sessions; same confidence level treatment plan decisions; costs were lower at > 40 VCs per y	W	Breast	At	Mar 2004 to Apr 2005
Stevens et al. (2012)	New Zealand	Evaluate FtF vs VC	Review of meeting minutes	Patient: 35% RT-cases VC vs 29% RT-cases FtF HP: no sign. differences FtF vs VC in waiting time from diagnosis to start RT and on % recommended RT vs treatment performed	W	Lung	At	Jan to June 2009
Murad et al. (2014)	Pakistan	Evaluate VC	*Review of case records*	Patient: mean 3.7 cases, mean 13 min. per case; drop-outs for chemotherapy after surgery reduced from 36% to 19% HP: 31% minor changes, 12% major changes; departmental database was started for management evaluation purposes	W	Breast, gastric, endocrine, skin, soft tissue	At	Nov 2009 to Dec 2011

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Novoa et al. (2016)	Spain	Evaluate occasional vs regular weekly VC	*Review of databases*	Patient: 563 cases occasional vs 464 cases weekly VC HP: ratio 0.70 thoracic surgery cases / new cases seen in occasional VC went up to 0.87 in weekly VC	W	Lung	At	2008-2010 vs 2011-2013

Legend

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